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In the Application of:

Maqbool Ahmed S. Patel and  
David McKone

Examiner: Chong R. Kim

Application No.: 09/473,003

Group Art Unit: 2623

Filed: December 28, 1999

Attorney Docket No.: 15-IS-5283  
(12517US01)

For: Integrated Data Conversion and  
Viewing Station for Medical  
Images

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AMENDMENT

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Examiner Kim:

This Amendment is being entered following the Office Action mailed November  
14, 2003. Please enter and consider the following Amendment and Response. The  
Amendment and Response are considered timely because they are filed within three  
months of the mailing date of the Office Action.

PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/473,003
		Filing Date	December 28, 19999
		First Named Inventor	Maqbool Ahmed S. Patel
		Group Art Unit	2623
		Examiner Name	Chong R. Kim
Total Number of Pages in This Submission	23	Attorney Docket Number	15-IS-5283 (12517US01)
<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (3 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	
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Remarks			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Christopher R. Carroll	Registration No. (Attorney/Agent)	52,700
Signature	<i>Christopher R. Carroll</i>		Date: January 30, 2004
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TO: Examiner Chong R. Kim, Group Art Unit 2623

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